

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 08, 1999 8:00 am
Secretary of State

05-08-1999 90067 034 ****61.25

DOCUMENT # N19714

1. Corporation Name

EXCHANGE CLUB OF PANAMA CITY, INC.

Principal Place of Business

P. O. BOX 2331
PANAMA CITY FL 32402

Mailing Address

P. O. BOX 2331
PANAMA CITY FL 32402



2. Principal Place of Business

21

Suite, Apt. #, etc.

City & State

23

Zip Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

City & State

27

Zip Country

28

Zip Country

29

30

3. Date Incorporated or Qualified

03/17/1987

4. FEI Number

59-2026692

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

HAUVERSBUK, MICHAEL
1021 GRACE AVE
PANAMA CITY FL 32401

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
PELL, ROBERT
STREET ADDRESS
2337 JUDSON ST
CITY-ST-ZIP
LYNN HAVEN FL

TITLE ☐ DELETE

NAME
MORRIS, LARRY
STREET ADDRESS
2314 - 1/2 E. 13TH ST.
CITY-ST-ZIP
PANAMA CITY FL

TITLE ☐ DELETE

NAME
GODWIN, JAMES
STREET ADDRESS
313 BALDWIN AVE
CITY-ST-ZIP
PANAMA CITY FL

TITLE ☒ DELETE

NAME
JOHNSON, CHER ALLEN
STREET ADDRESS
809 GARDEN CLUB DR
CITY-ST-ZIP
PANAMA CITY FL

TITLE ☐ DELETE

NAME
HOWARD, TERESA
STREET ADDRESS
211 N HARRIS AVE
CITY-ST-ZIP
PANAMA CITY FL

TITLE ☐ DELETE

NAME
RICHARDSON, BOBBY
STREET ADDRESS
1906 ALABAMA AVE
CITY-ST-ZIP
PANAMA CITY FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME
JOHNSON, SHER ALLEN
1.3 STREET ADDRESS
809 GARDEN CLUB DR.
1.4 CITY-ST-ZIP
PANAMA CITY FL 32401

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME
DICK LIPPINCOTT
2.3 STREET ADDRESS
221 HUGH THOMAS DR.
2.4 CITY-ST-ZIP
PANAMA CITY FL 32404

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

TERESA HOWARD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/30/99 (850) 872-3284

CR2E037 (11/98)

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